

TEFAP COMMODITIES INVENTORY REPORT AT PANTRY, SOUP KITCHEN AND SHELTER

Instructions: Refer to page three for instructions to complete this form.

Name - Distribution Site							Month / Full Year	
Address - Street			City		Zip Code		County	

A.	TEFAP Commodity							
	TEFAP Code							
	Pack Size							
B.	Full cases on hand beginning of month							
C.	Cases received this month from agency (from CFS-2000)							
D.	Full cases available (add lines B + C)							
E.	Total cases distributed this month							
F.	Total cases on hand (subtract line D - E) *							
G.	1. Cases delivered per CFS-2000							
	2. Overage/Shortage (line G1 - C)							

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	TEFAP Code							
	Pack size							
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C.	Cases received this month from agency (from CFS-2000)							
D.	Full cases available (add lines B + C)							
E.	Total cases distributed this month							
F.	Total cases on hand (subtract line D - E) *							
G.	1. Cases delivered per CFS-2000							
	2. Overage/Shortage (line G1 - C)							

***This number will be carried over to line B on next month's report.**

A.	TEFAP Commodity							
	TEFAP Code							

Pack Size								
B. Full cases on hand beginning of month								
C. Cases received this month from agency (from CFS-2000)								
D. Full cases available (add lines B + C)								
E. Total cases distributed this month								
F. Total cases on hand (subtract line D - E) *								
G. 1. Cases delivered per CFS-2000								
2. Overage/Shortage (line G1 - C)								
A. TEFAP Commodity								
TEFAP Code								
Pack Size								
B. Full cases on hand beginning of month								
C. Cases received this month from agency (from CFS-2000)								
D. Full cases available (add lines B + C)								
E. Total cases distributed this month								
F. Total cases on hand (subtract line D - E) *								
G. 1. Cases delivered per CFS-2000								
2. Overage/Shortage (line G1 - C)								

* This number will be carried over to line B on next month's report.

Total number of **meals** served by your program this month? _____
 Total number of **households** served from pantry this month? _____
 Total number of : Adults _____ Children _____

Section H.		
NON-USDA FOOD / NON-FOOD ITEMS		
	Month	Year-to Date
Total pounds distributed this month		

I, the undersigned, hereby certify that the foregoing information is true and correct; that commodities of the kind and quantity as indicated on line A and C were received during the month; and that the inventory of commodities on hand at the close of the month, as reported on line F, was determined by **actual physical count**.

SIGNATURE - Authorized Outlet Worker

Title

Date Signed

INSTRUCTIONS FOR COMPLETING CFS-2002

Please complete form CFS-2002, Inventory of TEFAP Commodities, at the end of each month. Forward the completed form to your EFO at the address listed below:

EFO Name: _____

Attention: _____

Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Fax Number: _____

- Line A Enter TEFAP commodity name, commodity code (from PI-1412), and the size of package / can, if not already indicated on form.
- Line B Fill in the actual number of cases of each commodity on hand from the previous month. This number will be the same as line F on previous months report.
- Line C Fill in the actual number of cases of each commodity received from your EFO during the month covered by this report as indicated on form CFS-2000.
- Line D Add the amounts shown on line B and C for each food item and enter the total cases.
- Line E Fill in the actual number of cases of each commodity distributed this month.
- Line F Subtract line E from D to determine actual number of cases of each commodity on hand the last day of the month. **A physical count must be conducted to ensure accuracy.**
- Line G Enter number of each commodity received from the EFO on form CFS-2000 on line G1. If you received less than what is stated on the CFS-2000, enter that number (____) in parenthesis on line G2. If you received more than what is stated on CFS-2000, enter that number in this box.
- Section H Fill in the amount of pounds of non-USDA food or non-food items distributed this month and year-to-date.

Enter the **TOTAL** number of **meals** served by this soup kitchen or shelter this month.

Enter the **TOTAL** number of **households** including adults and children served by this pantry this month.

Original signature of authorized program representative is **required** on each report.

Explain each overage and / or shortage for this month as indicated in Section G. Use additional paper if necessary.
